

Ad hoc module on the employment of disabled people in the Labour Force Survey

Intro

The following questions deal with the extent to which people are limited in their possibilities to work and the cause of this. I would like to start with health.

>>INTERVIEWER: Press <1> to continue.<<

ZiekHand

Do you have any chronic diseases, conditions or disabilities?

TYesNo

InlZiek

I will mention several chronic diseases and conditions. By chronic we mean that the disease or condition is expected to last 6 months or more in total.

Please tell me in each instance whether or not you have the disease or condition I mention

>>INTERVIEWER: Press <1> to continue.<<

Armen

>>INTERVIEWER: Also arthritis, rheumatism and RSI.<<

Problems with arms or hands?

TYesNo

Benen

>>INTERVIEWER: Also arthritis, rheumatism and RSI.<<

Problems with legs or feet?

TYesNo

RugNek

>>INTERVIEWER: Also arthritis, rheumatism and RSI.<<

Problems with back or neck?

TYesNo

Kanker

A type of cancer?

TYesNo

Huid

>>INTERVIEWER: also allergic reactions and severe disfigurement.<<

A skin condition?

TYesNo

Aleen indien:
Ref_Dat < 1 juli 2011 en
Peiling = 2 en Lft_OP < 65

Intro

Ik wil u nu iets vragen over uw gezondheid.

anders

*Willen.T.RedenA = [ja] of RedenWilW.Redenen = [ZiekAO] of MeerMind.Redenver = [ZiekAO]
of MeerMind.RedenPT = [ZiekAO]*

ZiekHand

Heeft u één of meer langdurige ziekten, aandoeningen of handicaps?

*Willen.T.RedenA = [ja] of RedenWilW.Redenen = [ZiekAO] of MeerMind.Redenver = [ZiekAO] of
MeerMind.RedenPT = [ZiekAO] of ZiekHand = [ja]*

anders

InlZiek

Last van één of meer van de volgende ziekten:

Armen

Problemen met armen of handen?

Benen

Problemen met benen of voeten?

RugNek

Problemen met rug of nek?

Kanker

Kanker?

Huid

Langdurige huidaandoening?

HartVaat

>>INTERVIEWER: also blood pressure and stroke.<<

Heart or circulation problems?

TYesNo

Astma

Asthma, bronchitis or other breathing problems?

TYesNo

MaagNier

Stomach, liver, kidney or digestive problems?

TYesNo

Suiker

Diabetes?

TYesNo

Epilepsie

Epilepsy?

TYesNo

Migraine

Migraine or other severe headaches?

TYesNo

Leren

Do you have any learning difficulties such as a problem with reading or math?

TYesNo

Angst

Chronic anxiety?

TYesNo

Depres

Depression?

TYesNo

HartVaat

Hart- of vaatziekten?

Astma

Bronchitis, astma of andere langdurige ademhalingsproblemen?

MaagNier

Maag-, darm-, lever- of nierproblemen?

Suiker

Suikerziekte?

Epilepsie

Epilepsie?

Migraine

Migraine of ernstige hoofdpijn?

Leren

Leerstoornis?

Angst

Angststoornis?

Depres

Depressie?



AndPsych

Other emotional or mental problems or conditions?

TYesNo

Prog

Another life threatening disease?

TYesNo

AndLang

Another chronic disease or condition?

TYesNo

TelZiek

Counter for the number of diseases

INTEGER

BelZiek1

Which of these diseases or conditions affects you most?

- | | |
|--------------------------------------------------|-----------------|
| 1. Arms or hands | [Arms] |
| 2. Legs or feet | [Legs] |
| 3. Back or neck | [BackNeck] |
| 4. Cancer | [Cancer] |
| 5. Skin conditions | [Skin] |
| 6. Heart and circulatory disease | [HeartCirc] |
| 7. Asthma, bronchitis or other breathing problem | [Asthma] |
| 8. Stomach, digestive, liver or kidney problems | [StomachKidney] |
| 9. Diabetes | [Diabetes] |
| 10. Epilepsy | [Epilepsy] |
| 11. Migraine or other headaches | [Migraine] |
| 12. Learning difficulties | [Learning] |
| 13. Anxiety | [Anx] |
| 14. Depression | [Depres] |
| 15. Other mental problems or conditions | [AndPsych] |
| 16. Other life threatening disease | [Prog] |
| 17. Other chronic disease or condition | [AndLong] |

BelZiek2

Which of these diseases or conditions affects you second most?

- | | |
|--------------------------------------------------|-----------------|
| 1. Arms or hands | [Arms] |
| 2. Legs or feet | [Legs] |
| 3. Back or neck | [BackNeck] |
| 4. Cancer | [Cancer] |
| 5. Skin conditions | [Skin] |
| 6. Heart and circulatory disease | [HeartCirc] |
| 7. Asthma, bronchitis or other breathing problem | [Asthma] |
| 8. Stomach, digestive, liver or kidney problems | [StomachKidney] |
| 9. Diabetes | [Diabetes] |
| 10. Epilepsy | [Epilepsy] |
| 11. Migraine or other headaches | [Migraine] |

- | | |
|-----------------------------------------|------------|
| 12. Learning difficulties | [Learning] |
| 13. Anxiety | [Anx] |
| 14. Depression | [Depres] |
| 15. Other mental problems or conditions | [AndPsych] |
| 16. Other life threatening disease | [Prog] |
| 17. Other chronic disease or condition | [AndLong] |

Control: You can't choose the same disease or condition twice.

MoeiAct

Does your health cause you difficulties in doing the activities people usually do?
TYesNo

MoeiDuur

Do you expect to have difficulties with these activities for at least six months in total?
TYesNo

InlAct

>>INTERVIEWER: Longterm = (an expected) 6 months of more in total.<<
I will now mention several activities. Please tell me whether or not you have difficulties doing each one.
>>INTERVIEWER: Press <1> to continue.<<

Zien

Do you have trouble seeing, even if you wear glasses or contact lenses?
TYesNo

Horen

Any trouble hearing, even if you are wearing a hearing aid?
TYesNo

Lopen

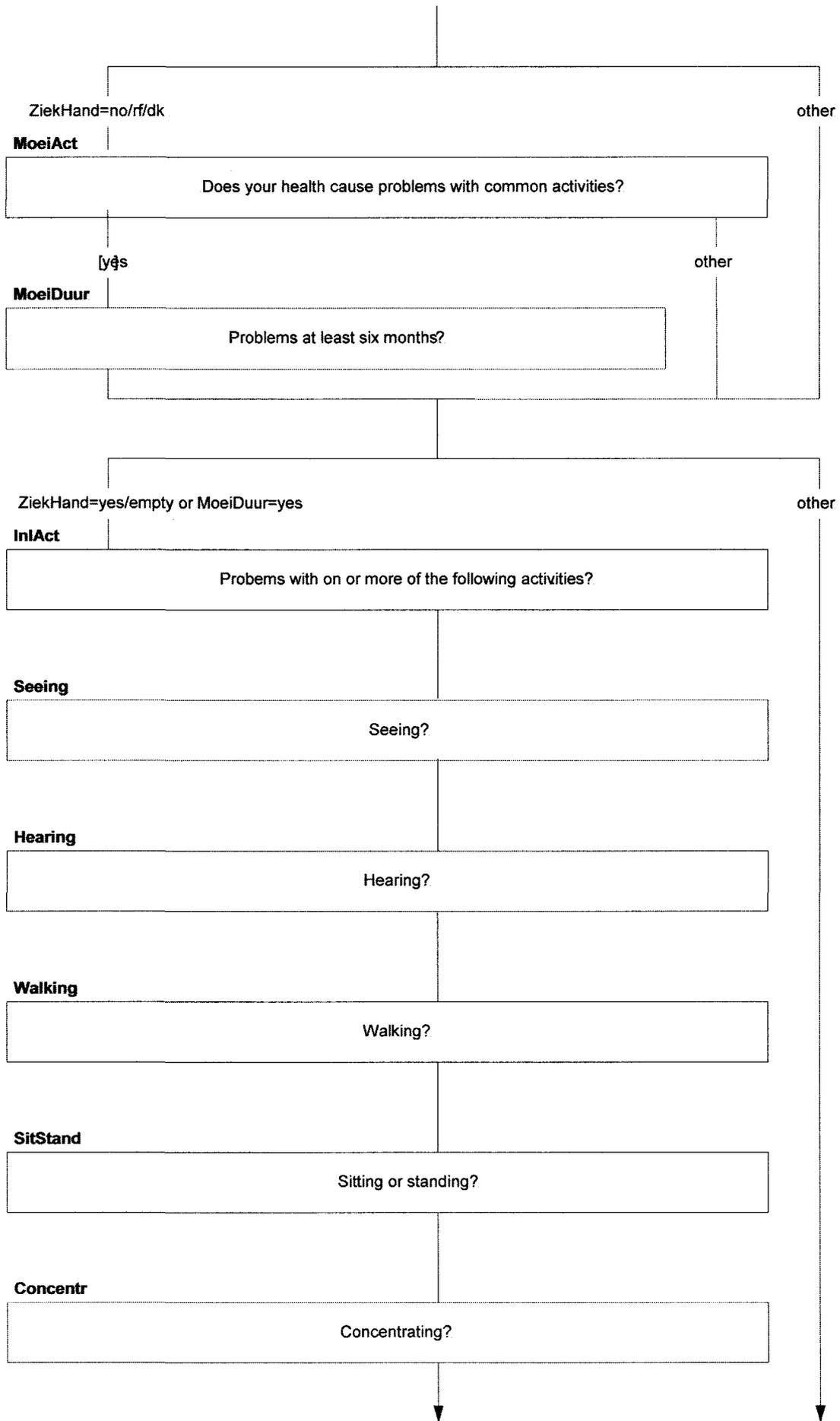
Walking or climbing stairs?
TYesNo

ZitStaan

Sitting or standing?
TYesNo

Concentr

Do you have trouble concentrating or remembering things?
TYesNo



Communic

Communicating, for example, understanding other people or making people understand you?

TYesNo

Reiken

Reaching or stretching?

TYesNo

Tillen

Lifting and carrying?

TYesNo

Bukken

Bending?

TYesNo

Grijpen

Holding, gripping or turning?

TYesNo

TelAct

Counter for the number of activities with which the respondent has problems
INTEGER

BelAct1

Which of these activities gives you the most trouble?

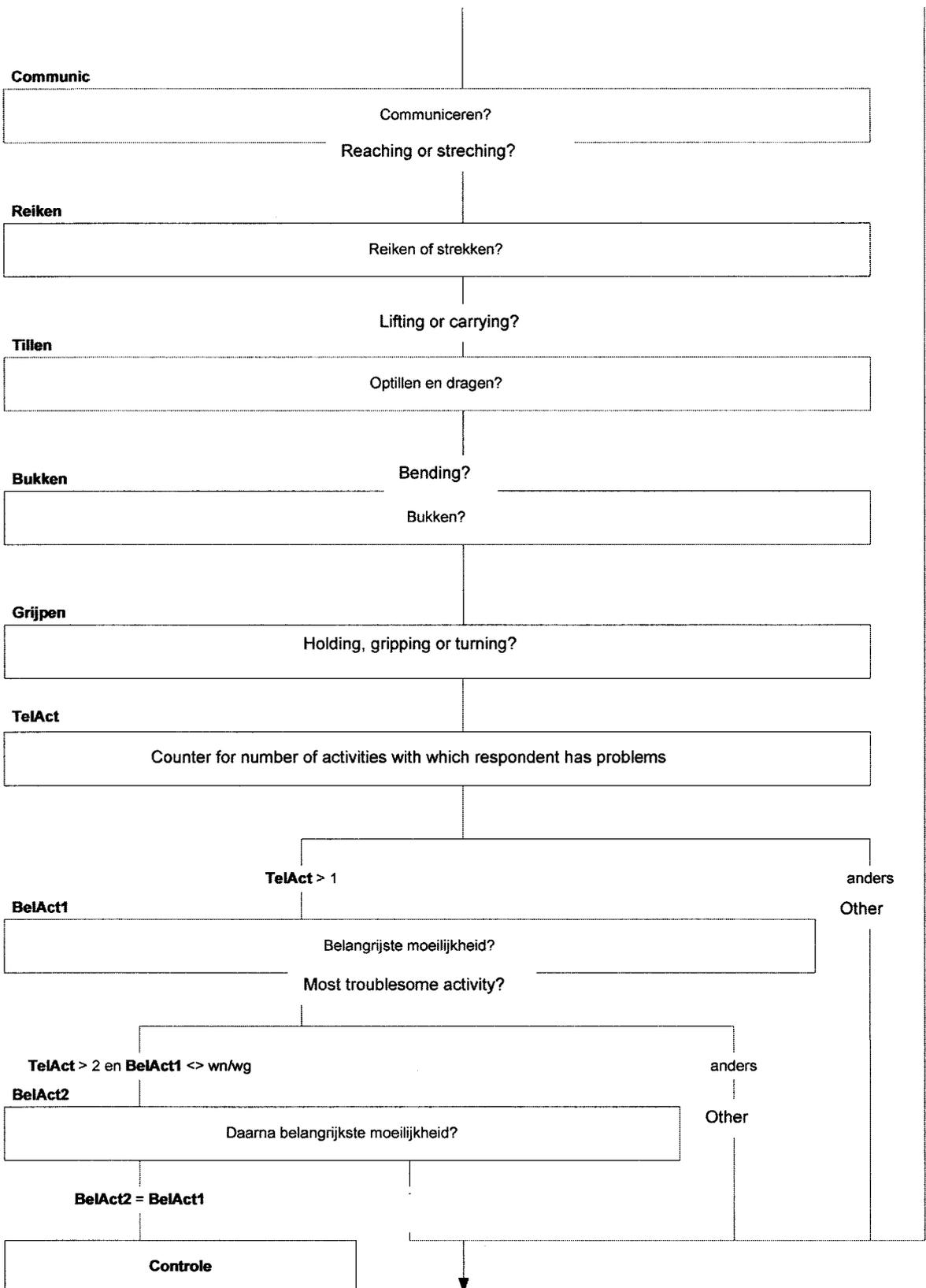
- | | |
|----------------------------------|------------|
| 1. Seeing | [Seeing] |
| 2. Hearing | [Hearing] |
| 3. Walking or climbing stairs | [Walking] |
| 4. Sitting or standing | [SitStand] |
| 5. Concentrating, remembering | [Concentr] |
| 6. Communicating | [Communic] |
| 7. Reaching or stretching | [Reaching] |
| 8. Lifting and carrying | [Lifting] |
| 9. Bending | [Bending] |
| 10. Holding, gripping or turning | [Gripping] |

BelAct2

Which of these activities gives you the most trouble after that?

- | | |
|----------------------------------|------------|
| 1. Seeing | [Seeing] |
| 2. Hearing | [Hearing] |
| 3. Walking or climbing stairs | [Walking] |
| 4. Sitting or standing | [SitStand] |
| 5. Concentrating, remembering | [Concentr] |
| 6. Communicating | [Communic] |
| 7. Reaching or stretching | [Reaching] |
| 8. Lifting and carrying | [Lifting] |
| 9. Bending | [Bending] |
| 10. Holding, gripping or turning | [Gripping] |

Control: You can't choose the same activity twice.



InIBep

(\$1 The next questions are about the way your health limits your ability to work.)

(\$2 Do you have one or more chronic diseases or difficulties with certain activities. We would like to know if this makes it harder for you to work.)

>>INTERVIEWER: Press <1> to continue.<<

BepUur

>>INTERVIEWER: code 2 'no' = respondent can work fulltime as far as health is concerned.<<

Does your health limit the number of hours a week you can work?

TYesNo

BepUurZB

>>INTERVIEWER: Several answers are possible here.<<

(\$3 You indicated that you have a parttime job because of disease or disability to work.)

Is this because of the chronic disease(s), the difficulties you have with some activities or both?

1. The chronic disease(s)
2. Difficulties with some activities
3. Both

BepSrt

>>INTERVIEWER: code 2 'no' = respondent can work fulltime as far as health is concerned.<<

Does your health limit the kind of work you can do, for instance, strenuous work, working outside or sitting for long periods?

TYesNo

BepSrtZB

>>INTERVIEWER: Several answers are possible here.<<

Is this because of the chronic disease(s), the difficulties you have with some activities or both?

1. The chronic disease(s)
2. Difficulties with some activities
3. Both

BepWW

Does your health limit your possibilities to travel to and from work?

TYesNo

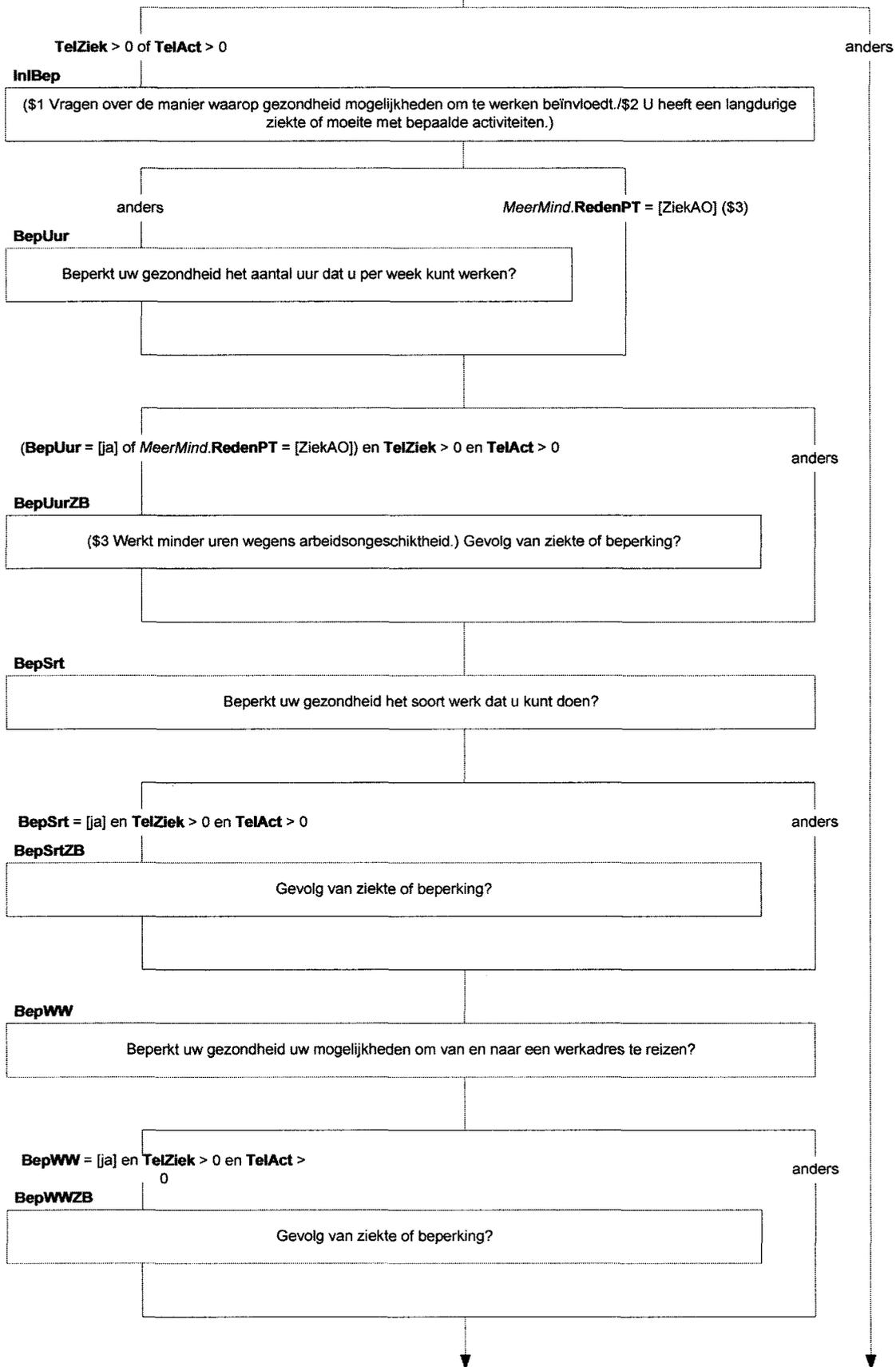
BepWWZB

>>INTERVIEWER: Several answers are possible here.<<

Is this because of the chronic disease(s), the difficulties you have with some activities or both?

1. The chronic disease(s)
2. Difficulties with some activities
3. Both

(\$1) *Willen.T.RedenA* = [ja] of *RedenWijW.Redenen* = [ZiekAO] of *MeerMind.Redenver* = [ZiekAO] of
MeerMind.RedenPT = [ZiekAO]
(\$2) anders



PersHlp1

Do you get personal assistance to enable you to work because of your health problem or difficulty?

TYesNo

HlpMid1

Do you use special equipment or workplace adaptations to enable you to work because of your health problem or difficulty?

TYesNo

Omstand1

Do you have special work or working arrangements such as a sedentary job, teleworking, flexible hours or less strenuous work because of your health problem or difficulty?

TYesNo

Beperk1

Apart from your health, is there any other limitation in the work you can do?

TYesNo

PersHlp2

(\$4 You have indicated that you would consider yourself able to work if the work or working conditions are adapted to your needs. We would like to know in more detail what you would need.)

Would you need personal assistance to enable you to work because of your health problem or difficulty?

1. Yes [Yes]
2. No, no help necessary to be able to work [NotNeed]
3. No, would not be able to work if there was help [HelpNot]

HlpMid2

Would you need special equipment or workplace adaptations to enable you to work because of your health problem or difficulty ?

1. Yes [Yes]
2. No, no special equipment or workplace adaptations necessary to be able to work [NotNeed]
3. No, would not be able to work if there were special equipment or workplace adaptations [HelpNot]

Omstand2

Would you need special work or working arrangements to enable you to work because of your health problem or difficulty, such as a sedentary job, teleworking, flexible hours or less strenuous work ?

1. Yes [Yes]
2. No, no special work or working arrangements necessary to be able to work [NotNeed]
3. No, would not be able to work if there were special work or working arrangements [HelpNot]

Beperk2

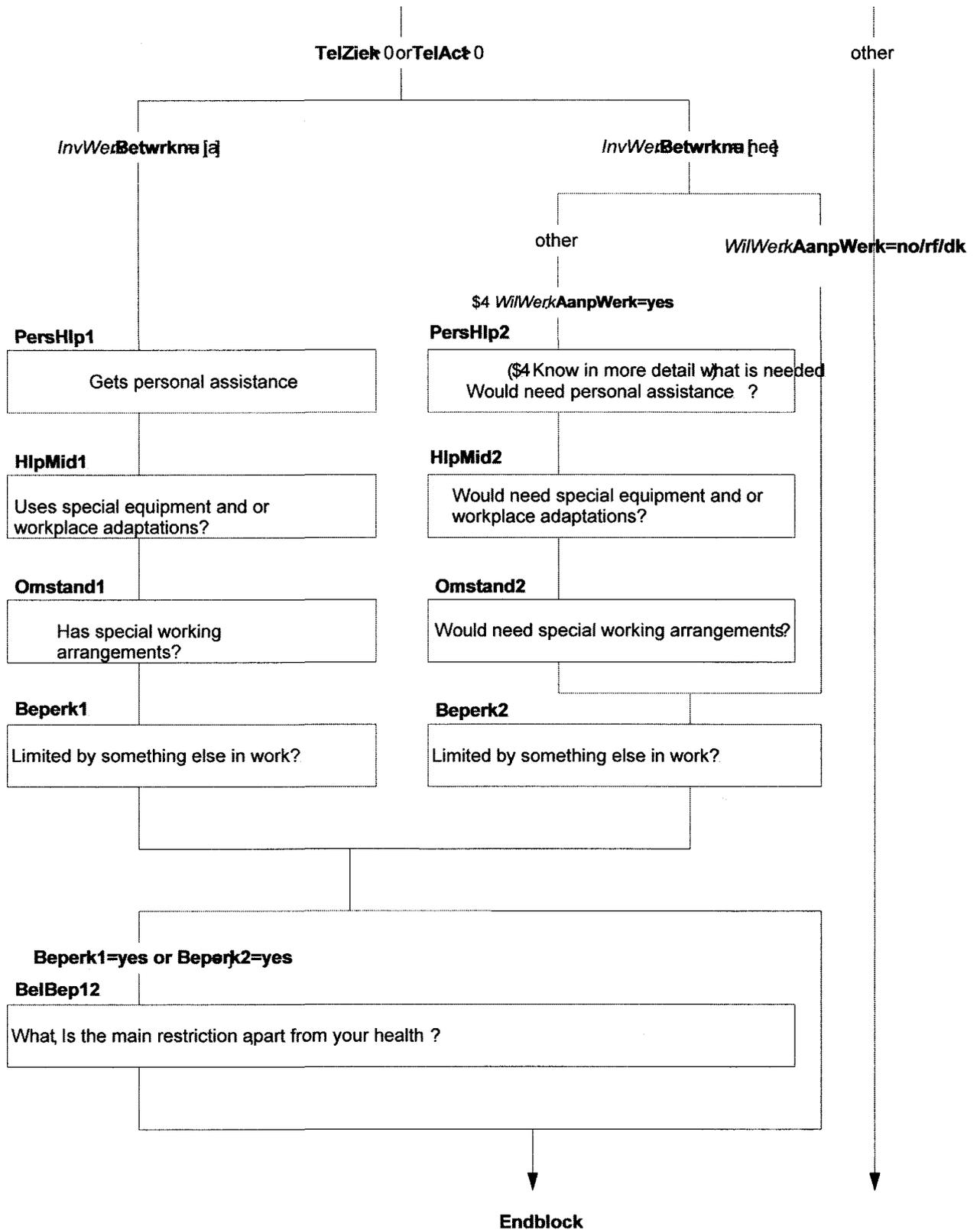
Apart from your health, is there anything else that limits you in the work you could do?

TYesNo

BelBep12

What is the main limitation apart from your health?

1. Lack of qualifications or experience [OplErv]
2. Lack of appropriate job opportunities [Vacature]
3. Lack of proper transportation to and from the workplace [Vervoer]
4. Employers' lack of flexibility [Flexibel]
5. Affects receipt of benefits [Uitkeer]
6. Family/caring responsibilities [Zorg]
7. Personal reasons [Persoon]
8. Other reason [GeenDeze]



Beperk3

Apart from your health, other circumstances may restrict people in the work they can do?

Is there anything that restricts you in the work you can do?

TYesNo

Beperk3

What is the main restriction?

1. Lack of qualifications or experience [OplErv]
2. Lack of appropriate job opportunities [Vacature]
3. Lack of proper transportation to and from the workplace [Vervoer]
4. Employers' lack of flexibility [Flexibel]
5. Affects receipt of benefits [Uitkeer]
6. Family/caring responsibilities [Zorg]
7. Personal reasons [Persoon]
8. Other reason [GeenDeze]

TelZiek = 0 en TelAct = 0

Beperk3

Door iets anders beperkt in werk?

[ja]

anders

BelBep3

Wat is de belangrijkste beperking?

Endblock

